Division of Public Health DPH 4161 (01/03)

WIC RIGHTS AND RESPONSIBILITIES

We want to make sure that you understand your rights and responsibilities as a WIC participant. These apply to both the WIC Program and the Farmers' Market Nutrition Program (FMNP). The FMNP is offered by WIC during the summer in some areas of the state. You will be given FMNP drafts if they are available in your area.

- The information you give to us may be given to health and human service providers to see if you qualify for other services and for conducting outreach. You may ask for a list of these providers.
- The information you give may also be used for reports, studies and audits on the WIC Program.

Your Rights as a WIC Participant are:

- To be treated fairly and with respect.
- If you have not been treated fairly, ask for a hearing in writing or in person in 60 days.
- To be treated the same regardless of your race, color, national origin, sex, age, or disability.
- To be told why you or a child qualifies for the WIC Program.
- To receive nutrition information.
- To be told where to get other health services you might need, such as immunizations and lead screening.
- To receive supplemental WIC foods. The foods are only for the WIC participant and should go with the participant in cases of joint custody, and foster care, etc.

Your Responsibilities as a WIC Participant are to:

- Follow the information on how to use the drafts properly.
- Teach your proxy how to pick up drafts and how to shop with the drafts. You are responsible if your proxy does not use the drafts properly.
- Tell WIC staff if your drafts are lost or stolen.
- Tell WIC staff if you or a child is getting too much food or formula.
- Return unused drafts to the WIC clinic.
- Let WIC staff know:
 - If the family's income changes.
 - The number of people living in your house changes.
 - If a child goes into foster care.
 - When you have the baby or if you lost the baby.
 - When you stop breastfeeding.
 - If you move or your telephone number changes.

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- To be honest and do not abuse the WIC Program. If you do not use the WIC drafts properly, you may be taken off the WIC Program, have to pay money back to WIC, or have charges filed against you under State and Federal law. Some ways of not being honest or abusing the WIC Program are:
 - Participating or trying to participate in more than one WIC clinic at the same time.
 - Participating or trying to participate in the WIC Program and Commodity Supplemental Food Program (CSFP) at the same time.
 - Giving the WIC Program false information.
 - Selling or trying to sell the WIC drafts.
 - Trying to or actually returning or exchanging WIC foods or infant formula bought with WIC drafts.
 - Trying to or actually buying foods that are not allowed.
 - Buying more than you are allowed on the WIC draft.
 - Using the WIC drafts before or after the dates on the draft.
 - Changing any of the information on the WIC draft.
 - Signing the WIC draft before the store writes in the dollar amount on the draft. This does not apply to FMNP drafts.
 - Having a person who is not a proxy on your WIC Identification Folder, pick up or spend your drafts
 - Accepting a raincheck or credit for WIC foods.
 - Spending WIC drafts at places not allowed by WIC.
 - Giving WIC foods to someone who is not the WIC participant.
 - Stealing WIC drafts from the WIC clinic or a participant.
 - Lying that WIC drafts were lost or stolen.
 - Hitting, cursing or yelling at people at the WIC clinic or while shopping for WIC foods.

To the best of my knowledge, the information I have given to qualify for the WIC Program is correct. I understand that intentionally giving false or misleading information or intentionally not giving information asked of me, may result in:

- Removal from the WIC Program.
- Having to pay money back to the State for food I should have not received.
- Charges filed against me under State and Federal law.

By signing my name, I acknowledge that I have read or a WIC staff has read to me the WIC Rights and Responsibilities of a WIC participant, and that the information I have given is correct, to the best of my knowledge. WIC staff may check the information. I know that I have a copy of the WIC Rights and Responsibilities in the WIC Identification Folder.

Participant Name	ID No.	
SIGNATURE - WIC Participant, Parent, Guardian, Foster Parent or Caregiver	Date Signed	

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